

| POSITION                         | INITIALS  | ID NO.       | DATE            |
|----------------------------------|-----------|--------------|-----------------|
| <b>FEE DETERMINATION</b>         | <i>BS</i> |              | <i>01/21/00</i> |
| <b>O.I.P.E. CLASSIFIER</b>       |           |              |                 |
| <b>FORMALITY REVIEW</b>          | <i>RR</i> | <i>70029</i> | <i>4/26/00</i>  |
| <b>RESPONSE FORMALITY REVIEW</b> |           |              | <i>7/11/00</i>  |

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral).... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim    | Date |
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If more than 150 claims or 10 actions  
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